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Ophthalmic Literature

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Ophthalmic Literature

VOL. VI.

OCTOBER, 1916.

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Edited by EDWARD JACKSON. Assisted by WILLIAM H. CRISP.

COMBINATION OF ENGLISH JOURNALS.

Publication of the Royal London Ophthalmic Hospital Reports began in 1857. From the start they had more the character of an ophthalmic journal than of hospital reports. A very important feature of the earlier volumes was a department devoted to abstracts of the ophthalmic literature of other countries. This department was discontinued after 1864, but in the later years a majority of the articles published have not been devoted to the work of the hospital. The chief justification for its name has always been that it was conducted and written by men who had been connected with the hospital as surgeons, assistants, and students. In the last number issued, bearing the date of March of the current year, the leading article is a series of historical notes by the late George Coats.

In 1862 a journal, called the *Ophthalmic Review*, was started by T. Z. Lawrence, assisted by Thomas Windsor, but this was discontinued after a few years. In 1881 the present journal of that name was started by Carl Grossman of Liverpool and Priestly Smith of Birmingham. With the exception of a few months, during the sickness of its then editor, N. M. Macleliose, it has been issued regularly to the present year. In 1903 Sydney Stephenson commenced the publication of *The Ophthalmoscope*, which immediately developed into a very important journal, and has continued to appear regularly to the present time.

Although it was not very apparent in their pages, the pressure of war has been severely felt by those who have had to bear the burden of these publications. Their separate maintenance has been a difficult problem; and the difficulty increased until combination suggested itself and became the practical solution of the situation. With the beginning of the new year, they will be merged in a single journal, *The British Journal of Ophthalmology*. The combined journal will be edited, under the supervision of a committee, by Mr. Sydney Stephenson and an assistant editor.

We had occasion a few months since (page 35) to refer to the combination of two of the leading Italian journals, as a step in preparation for the new life expected to develop in all branches of the higher learning with the close of the present war. We have no doubt that this combination of British ophthalmic forces will prove an important step in the same direction; and the new journal will take a leading place, perhaps the leading place, in the world's literature of ophthalmology.

OTHER COMBINATIONS NEEDED.

If the **British Journal of Ophthalmology** proves itself a strong and valuable journal, as it is pretty sure to do even under the handicap of present conditions, it will offer a forceful example of what ought to be done in other countries. In Germany and France the need for fewer ophthalmic journals, more efficiently managed, has been quite as striking as in Great Britain, and the same conditions which brought about the British merger will be operative.

But the striking example of too many inferior ophthalmic journals is exhibited in the United States. The last issues of the ophthalmic journals published in America contain 607 pages. Of these, 66 pages are literal duplication, like the transactions of various societies; while 207 pages are duplications, in the sense that they are different abstracts of the same articles, or notices of the same books. Such duplications and reduplications serve no useful purpose, while they add to the expense of publication, the difficulty of going thoroughly over the literature of any subject; and, worst of all, the competition for matter to fill a large number of pages leads to the printing of papers that it would be better not to have printed.

Of course the duplication is not complete or exact. The abstracts of the same article all differ in the different journals, and one journal will give an excellent review of the literature in one language while quite deficient in that published in another. There is one abstractor who closely follows the ophthalmic publications appearing in Dutch; and the journal with which he is connected reflects well the ophthalmic literature emanating from Holland. Another worker keeps up his abstracts of articles published in Spanish, and the journal he works for has a good review of the contributions of Spanish ophthalmologists. In a third journal may be found all that is of value from Italian sources, while in a fourth we may look with confidence for what is new in the literature of the Scandinavian countries.

But the reader who wishes to keep fully abreast with the literature of the world, must take all these journals and go over their duplications; and make up for their manifold deficiencies by general alertness and additional reading in two or three languages of continental Europe. The mass of ophthalmologists rest content with taking one or two journals, and remain blissfully ignorant of the wide gap between the literature that they have at their command; and the possibilities of what they might have, if co-operation with their fellow ophthalmologists and organization were carried to anything like the efficiency attained by Americans in many of their industrial and commercial enterprises.

Surely every interest of both writers and readers would be better served if one strong efficient inclusive journal would replace all the American journals now devoted to ophthalmology; or if such a journal could be established and supported by the united profession, even if some of the present journals continued to exist.

DO IT NOW.

This is generally applicable to a good thing that needs to be done. At the present time it applies with peculiar force to the improvement of American ophthalmic journals. Increased cooperation and efficiency are pretty certain to be brought about in the publication of ophthalmic journals in each of the larger countries of Europe, and are already effected for our closest associate and rival, the United Kingdom and British Empire. More and more the English-speaking ophthalmologists of the world become prospective patrons for all ophthalmic journals published in the language. A strong new journal, launched on the present wave of British imperial enthusiasm, will rapidly demonstrate its superiority to the practical American mind and penetrate every part of the common territory. If in America there is to be a worthy rival for the **British Journal of Ophthalmology** it must be worked out and brought forth now. The "new Americanism," or "America first and America efficient," could find no more worthy form of expression than in the establishment and support of such a journal.

HOW TO HAVE A BETTER OPHTHALMIC JOURNAL.

There are obstacles to overcome before a better exponent of American Ophthalmology can be placed before the profession, and these should be carefully examined. The opposition of invested capital is not one of them. Every ophthalmic journal in America has entailed on its backers initial, and in most instances, continuous, financial loss. If any one has made money out of them it is the printers; and, with perhaps a single exception, no printer has proprietary rights in them so that he need be consulted. There are business details to be arranged that must entail some thought and labor, and would constitute a real obstacle if the undertaking were not urged forward by a strong general interest.

The persons first to be consulted about any merger of journals are the editor-proprietors of these journals, most of whom are still the original founders. It is safe to say that every one of them has acted on the belief that the establishment and publication of his journal was a worthy service to the profession that deserved recognition and honor. Each saw that in some direction the literature of ophthalmology in America was not what it should be, and that the effort to render it better was a proper outlet for ambition. It is safe to say that each has met with disappointments in his undertaking, and has persisted in it more or less from a sense of duty. If each could feel assured that the purpose held in view would be better and more permanently carried out, by merging the identity of his journal in a larger, better one, it is probable that every one would give his hearty and unselfish support to the project.

The real obstacle to be overcome is the lack, heretofore, of appreciation of good ophthalmic journals on the part of the mass of those who make a specialty of ophthalmic practice. There exists in America

a nucleus of a few hundred readers of ophthalmic books and journals that already feel the need of better journalism in this branch of medical science and art, and who are prepared to welcome and support any rational scheme to secure it; but they are far from constituting a majority of those in ophthalmic practice.

The hopeful fact is that this saving minority contains practically all the leaders and teachers among American ophthalmologists, and if they will rise to the opportunities of their leadership and their prominent positions, if they will exert the influence they possess and may develop, the real and serious obstacles to the establishment of a great ophthalmic journal in this country will be overcome. To every one of them the existence of such a journal will be worth more than it can cost, and in no direction can they better demonstrate insight and practical talent for leadership than in taking up and carrying to fulfillment the project of one great ophthalmic journal for English-speaking America.

BOOK NOTICES.

Transactions of the Section on Ophthalmology of the American Medical Association, 1916. 8vo. 415 pages. 99 illustrations. Published by the A. M. A., Chicago. Cloth, subscription price, \$1.00.

This volume contains twenty-two papers and two reports of committees dealing with important subjects in ophthalmic science. The illustrations are chiefly half-tone reproductions of photographs of cases and microscopic specimens. The custom of the section, to have the papers briefly presented after they have been printed in a pre-session volume, seems to encourage the production of long and elaborate papers. Several of those in the present volume represent large amounts of work in both laboratory and clinical studies. Still, the class of papers based upon a single case, or to call attention to a new operation or new method of treatment, continues to be fairly represented. The reports of committees on scientific subjects deal with standards and methods of examining color vision and the standardizing of test cards.

The discussions in the present volume, although they purport to be only abstracts of what has been said, give in condensed form a very large amount of comment and experience. Some exceed in length and importance the valuable papers that have given rise to them. When the value of its contents is considered, the cost of this volume to the subscribers—one dollar—makes it the cheapest of society transactions relating to ophthalmology published anywhere in the world. There seems to be no reason, except ignorance of their value, or of their existence, why these transactions should be absent from the library of any American ophthalmologist. The fact that the papers have been distributed freely to the members of the section in the pre-session volume is not a good reason, for the discussions and the reports of the committees appear only in this volume of transactions.

The Ophthalmic Year Book, Volume XII. Containing a digest of the literature for the year 1915, edited by Edward Jackson, assisted by Theodore B. Schneideman, William Zentmayer, William H. Crisp, Casey A. Wood, Wendell Reber, Harry S. Gradle, Robert Henry Elliot, Hugo W. Aufmwasser Meyer Wiener, Will Walter, Florence Mayo Schneideman, Nelson Miles Black, Charles Zimmermann, Thomas B. Holloway, D. Forest Harbridge, Charles P.

Small, Emory Hill and William C. Finnoff. 8vo, 479 pages, 21 illustrations. 1916. The Herrick Book and Stationery Company, Denver, Colorado. Price, \$10.

A glance at the series of Ophthalmic Year Books will reveal little evidence of the effects of the European war. Volume XII contains about sixty-five pages less than Volume XI, and forty pages less than Volume IX, but is larger than any of the other volumes of the series. Close inspection will show that a notably larger proportion of the material than in preceding years is drawn from American sources. Yet nearly all the European masters of ophthalmology, whose labors have not been ended by death, are still represented in these pages.

The list of those who are assisting in the preparation of the Year Book has been extended by addition of the names of William C. Finnoff of Denver, D. Forest Harbridge of Phoenix and Emory Hill and Charles P. Small of Chicago; while all who contributed to the preceding volume have continued their assistance for this. A proper acknowledgment of assistance in this undertaking is the publication of the lists of collaborators and of advance subscribers to the volume, the latter including subscribers to the Knapp Testimonial Fund of the Section on Ophthalmology of the American Medical Association. Probably the latter list will be used as something of a directory of those in ophthalmic practice who take an active interest in the literature of their specialty.

The bibliography of fifty-five pages does not contain all the titles to be found in *Ophthalmic Literature* for the corresponding year, but it contains about all that are available in English-speaking countries, and are worth consulting or noticing in a bibliography.

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Miceli, I. Cataract and Gravidic Toxicosis. (Annali di Ottalmologia, 44th year, p. 385.)

The first patient was a woman of twenty years, who had been married four months and had missed two menstruations. She had recently noticed a clouding of the vision of the right eye. The vision of this eye was reduced to one-eighth, and with the ophthalmoscope there was visible a punctiform opacity of the central part of the crystalline lens. The specific gravity of the urine was not high, and the recorded pathologic urinary findings were limited to indican and leucin. During the next month the vision of the right eye got worse, until the patient could only count fingers at about one meter with this eye. The opacity of the lens became much more extended towards the periphery. The left eye was at no time affected. The woman aborted a few days after the end of the fourth month of pregnancy, and after this all disturbances ceased. Ten days after the abortion this eye had vision equal to counting fingers at two meters, and with lateral illumination the opacity of the lens appeared to be less. It was not possible to follow the later condition of the patient.

The second patient was a woman of thirty-two years, who had had two normal pregnancies. From the earliest days of this, the third pregnancy, there had been phosphenes in both eyes, and subsequently a cloudiness and reduction of the vision of the right eye, rapidly increasing until at the time of examination, after two months of pregnancy, there was only quantitative vision in the right eye, although the left eye remained normal. There was an extensive milky opacity of the right lens. The pathological urinary findings were limited to those commonly associated with fecal stasis. During the third month the lenticular opacity became more dense, and other symptoms of auto-intoxication occurred, including intense and constant supraorbital pain, attacks of dizziness and syncope, restlessness, and obstinate vomiting. The patient aborted before the end of the third month. As regards the extraocular disturbances, the patient made a good recovery; and the cataract was subsequently operated upon with excellent result.

The third patient was a primipara of twenty-two years. In this case also the right eye was affected, and the cloudiness of vision was first noticed not long after the first menstrual period was missed. With the ophthalmoscope the opacity of the lens took the form of

delicate blackish striae radiating from the center towards the periphery of the lens. The vision of this eye was one-tenth, that of the other eye one-fourth, both eyes being corrected with minus 2 D. lenses. The cataract in the right eye progressed rapidly, and became complete in less than two months from its commencement. The patient refused to have the womb emptied, and at the beginning of the fourth month of pregnancy was attacked by an eclampsia which rapidly proved fatal.

The author concludes that the development of cataract in a pregnant woman, in whose urine amino-acids are found present, points to the establishment of a serious gravidic toxicosis; and that rapid progression of the cataract, coincident with increase in the amino-acids in the urine, demonstrates an intensification of the gravidic toxicosis and should without fail cause resort to urgent measures.

Pissarello, C. Daily Tension Curve in the Normal and Glaucomatous Eye; and Influence of Various Factors. (*Annali di Ottalmologia*, 44th year, p. 544.)

From the study of a large number of cases, described in detail and tabulated, Pissarello arrives at the following conclusions: (1) Physiologically the ocular tension is constant in every individual. It is uniform at different hours of the day, and the differences which can be ascertained are negligible. (2) Physiologically, as between different individuals, the ocular tension may vary within wide limits, namely from 9 to 30 mm. of mercury. (3) In the glaucomatous eye the ocular tension is always extremely variable.

Special characteristics of the diagram of the variations in the tension of the glaucomatous eye are: (a) It tends to rise in the first hours of the morning, ascends until 11 or 12 o'clock, when it drops rapidly. About 5 or 6 o'clock p. m. it again rises, to again fall towards evening. The highest values are encountered towards noon and the lowest towards evening. (b) The reductions of tension usually follow meals, and vary with the variations in the hours at which these are taken. (c) A combination of the diagrams of the different days of observation results in an ascending line which joins the last measurement of the evening to the first of the following morning. (d) The variations in tension persist in reduced proportions under the influence of a miotic; and may be changed with the application of derivatives (leeches, sinapisms) which provoke an abrupt fall of tension.

Isolated tonometry is lacking in diagnostic importance when it shows values less than 30 mm. of mercury. In cases suspected of glaucoma the tonometer, in order to clear up the diagnosis rapidly, must define the daily curve of ocular tension.

From his previous findings, the author draws the following rules for application in actual practice: To divide up as much as possible the meals of glaucomatous patients; to avoid surgical intervention in the hours in which it shall have been perviously established that the tension reaches its maxima; to seek in derivatives (leeches, sinapisms) useful coadjuvants for temporary diminution of the tension; to regard miotics as impotent to cure glaucoma, because they do not regulate the behavior of the tension; and to prescribe them at fixed hours in order to combat as effectively as possible the periodical rises of tension. As a miotic the author prefers pilocarpin, the use of which should be uninterrupted. He finds the hypotensive action of this drug not to be in constant relation with its miotic action. In his cases, especially in simple chronic glaucoma, iridectomy was very effective, judged by its ability to regulate the ocular tension, and was not found inferior to sclero-iridectomy.

Rolandi, S. Parinaud's Conjunctivitis. (*Annali di Ottalmologia*, 44th year, p. 33.)

This article collects and classifies the cases hitherto reported with a diagnosis of Parinaud's conjunctivitis, and also in an appendix reviews those cases which either preceded Parinaud's communication or have been reported by the authors with a different diagnosis, although approaching, by similarity of lesions, the condition which was described by Parinaud.

Parinaud's conjunctivitis appears to have a special predilection for children and young persons. Of 111 cases 25 were in children below ten years; 2 were in individuals between ten and twenty years; 8 between twenty and thirty years; 8 between thirty and forty years; 5 between forty and fifty years; 6 between fifty and sixty years; and 1 between sixty and seventy years. Thirty-six of the patients were females; forty-nine males; and in twenty-six cases the sex was not noted.

Generally the disease is ushered in by symptoms of systemic disturbance, including malaise, prostration, insomnia, headache, loss of appetite, and chills with moderate elevation of temperature; which symptoms may either appear a day or two before the development of the conjunctival lesions, thus representing, as it were, a period of incubation, or may appear synchronously with the alterations in the conjunctiva. Usually these general disturbances are limited to the initial stage of the disease and then gradually disappear. In rare instances the general malaise recurs from time to time after the conjunctival disease has been completely cured. The rises of temperature range between 37.2 and 38 C., the maximum elevation observed being 38.8 C (101.8 F.). These general disturbances may be entirely absent.

The disease generally attacks one eye only, although in seven cases both eyes were involved. In one of these the right eye became affected after complete cure of the left; in a second case the right eye became affected when the lesions of the left eye were already diminishing in severity; in four cases the two eyes were apparently affected almost simultaneously, and in the seventh instance the original account was somewhat indefinite.

The conjunctival secretion is usually described as muco-purulent; but in one or two cases was said to have a decidedly purulent character. The conjunctiva may have a generally swollen appearance, with the surface divided by broad and deep sulci, but without showing graulations. The characteristic granulations have their seat of predilection on the conjunctiva of the tarsus and fornices, but may also be observed on the bulbar conjunctiva, and rarely on the caruncle. Their size varies from that of a pin-point to that of the largest trachomatous follicles. They may resemble the follicles of follicular conjunctivitis, or even trachomatous granulations in the acute period; but have commonly a yellow color. The granulations may give rise to formations resembling raspberries or cockscombs, in which case the vegetations are usually sessile, but sometimes pedunculated; and they may become flattened and perfectly resemble the vegetations of spring catarrh. Occasionally they may assume a papillary form, or may present a polypoid aspect. Now and then there exist alongside the vegetations epithelial defects which have been spoken of as erosions, and which are frequently covered with a whitish-yellow exudate or by a pseudomembrane; while more rarely there develop true ulcers, with excavated margins and a granulating floor. The bulbar conjunctiva is usually normal, but may partake in the general reaction.

Ordinarily the cornea is immune and does not show any tendency to become involved in the conjunctival process, but there were some

cases in which the cornea was definitely diseased, in the form of pannus, minute ulcers, infiltrations, or a mild form of marginal keratitis.

The ocular lesions are constantly accompanied by swelling of the lymphatic glands of the same side as the affected eye. The order of involvement is first the preauricular glands, then the parotid, then the submaxillary, and finally the cervicals. The glandular swelling is frequently so severe as to render mastication painful, and the overlying skin then becomes red, tense, and glistening. In rare instances there was a slight reaction in the lymphatic glands of the opposite side, and in two cases there was a generalization of the morbid process extending to the whole lymphatic system. Of the total of 111 cases, suppuration of the lymphatic glands developed in 32 cases, while in 44 cases the glandular swelling gradually receded and disappeared. In the remaining 35 cases the course of the disease in this respect was not clearly stated.

The duration of the disease was stated by Parinaud as four or five months. Other authors have variously stated the duration as from two months to two years. The conjunctival granulations and vegetations gradually disappear without leaving any trace, only one reported instance having shown the persistence of scars.

In recent years a conviction has become rather widely established that this disease of the conjunctiva depends upon bovine tuberculosis. The histologic lesions vary considerably according to the descriptions given by different authors with regard to individual cases. Rolandi summarizes these descriptions *seriatim*. Bacteriologic examinations of the conjunctival secretion yielded a varying flora of familiar microorganisms, none of which is apparently characteristic of the disease. In the few cases in which the presence of the tubercle bacillus was investigated by animal inoculation, the greater number gave negative results, but according to eight reports this research was positive.

The treatment of the various cases was so miscellaneous that Rolandi remarks that it may be stated that each single case was subjected to a special treatment. In two-thirds of the cases cauterization with solutions of silver nitrate in strengths varying from one to five per cent. was resorted to. In the remaining cases this remedy was not employed, but the action of the thermocautery was resorted to, this treatment being also used in some cases already treated with nitrate of silver.

In the personal case reported by the author the tuberculous nature of the affection was regarded as demonstrated. The organisms cultivated appeared to belong to a new strain of tubercle bacilli, presenting cultural characteristics similar to those of the bacilli of the bovine type, although in some respects resembling those of the human type.

Rolandi concludes that Parinaud's conjunctivitis is not a distinct morbid entity, but represents rather a clinical syndrome, and in its classic form is a special type of tuberculosis of the conjunctiva characterized by an exceptionally benign course and by spontaneous recovery. It has not yet been sufficiently demonstrated whether this tuberculous form is due to human or bovine tuberculosis.

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